DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/08/2011

NAME OF PROVIDER OR SUPPLIER **GOLDEN LIVING CENTER-GOLDEN RULE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2330 STRAIGHT LINE PIKE RICHMOND, IN 47374**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint number IN00092026. Complaint number IN00092026 unsubstatiated due to lack of evidence Survey dates: July 7 & 8, 2011 Facility number: 000165 Provider number: 155264 AIM number: 100288220 Survey team: Leslie Parrett RN TC Census bed type: SNF/NF: 136 Total: 136 Census payor type: Medicare: 16 Medicaid: 103 Other: 17 Total: 136 Sample: 3 Golden Living Center-Golden Rule was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint number IN00092026.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE